

109803

LM

P 139 372 204

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

511
MG

★ U.S.G.P.O. 1084.4JG.014

PS Form 3800, Feb. 1982

**HAROLD G. RADANET
REGISTERED AGENT FOR;
MANITOWOC DISPOSAL, INC.
2418 S. 18TH STREET
MANITOWOC WI 54220**

| | |
|--|--------|
| Postage | \$ 56 |
| Certified Fee | 75 |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to whom and Date Delivered | 70 |
| Return receipt showing to whom, Date, and Address of Delivery | |
| TOTAL Postage and Fees | \$ 201 |
| Postmark for date | |



PS Form 3811, July 1983 447-845

| | |
|---|--|
| SENDER: Complete items 1, 2, 3 and 4. | |
| Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. | |
| 1. <input type="checkbox"/> Show to whom, date and address of delivery. | |
| 2. <input type="checkbox"/> Restricted Delivery. | |
| 3. | |
| HAROLD G. RADANET REGISTERED AGENT FOR; MANITOWOC DISPOSAL, INC. 2418 S. 18TH STREET MANITOWOC WI 54220 | |
| 4. Type of Service: | POSTAGE REQUIRED. |
| <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured <input type="checkbox"/> COD |
| P139 372 204 | |
| Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u> | |
| 5. Signature - Addressee | |
| X <i>Samuel W. Garsen</i> | |
| 6. Signature - Agent | |
| X | |
| 7. Date of Delivery | |
| 11-18-85 | |
| 8. Addressee's Address (ONLY if requested and fee paid) | |
| | |

DOMESTIC RETURN RECEIPT

MS 21-945 SHE-12 JH
Lemberger